



Pesticide Applicator Recordkeeping Requirements

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This booklet contains information on the pesticide application recordkeeping requirements required under Washington pesticide law. These requirements can be found in RCW 17.21.100 of the Washington Pesticide Application Act and WAC 16-228-1320 of the General Pesticide Rules. All recordkeeping forms, along with detailed instructions, are available on the WSDA Web site at <http://www.wa.gov/agr/pmd/pesticides/compliance.htm#record> or by calling the Compliance Branch toll free at 1.877.301.4555.

WSDA Pesticide Application Recordkeeping Requirements

Who must keep records?

All certified applicators who apply pesticides and all persons applying pesticides to more than one acre of agricultural land in a calendar year, including public entities engaged in roadside spraying of pesticides, must keep records of their pesticide applications. In addition, unlicensed pesticide users are required to maintain records when performing landscape applications to sites including, but not limited to, schools, day cares, apartment complexes, shopping centers, golf courses, and parks.

What records must be kept?

Name: The name and address of the person for whom the pesticide was applied.

Location: The address or exact location of the land where the pesticide was applied.

Time: The year, month, day, and **beginning and ending times** of the application of the pesticide.

Pesticide: The product name on the pesticide label **and** the Environmental Protection Agency registration number (EPA Reg. No.), if applicable, of the pesticide that was applied.

Weather conditions: The direction from which the wind was blowing, estimated velocity of the wind, and the temperature at the time the pesticide was applied.

Amount: The total amount of pesticide applied (gallons, pounds, ounces, etc.).

Rate: The amount of pesticide applied (pounds or gallons) per acre, per 1,000 square feet, or other measure.

Concentration: The pesticide concentration that was applied. Liquid applications may be recorded as the amount of product per 100 gallons of water, percent formulation in the tank (i.e. 1%), or amount of tank mix/acre (or other measure).

Pests: The pests to be controlled (for Pest Control Operator classification only.)

Site: The crop or site to which the pesticide was applied.

Apparatus: The apparatus license plate number, if applicable.

Applicator's name: The licensed applicator's name, license number, and the name(s) and license number(s) of the individual or individuals making the application (if different.)

Area: The number of acres or other appropriate measure, to which the pesticide was applied.

What are the most common recordkeeping problems?

The most common problems relate to people not keeping all the required information.

Specifically, applicators fail to record one or more of the following:

- **both** the starting and ending time of the application;
- wind speed. If the wind speed is zero, do not leave it blank;
- the concentration (see above explanation);
- the full product name and the US Environmental Protection Agency registration number. Many applicators will simply record "2,4-D." Besides not meeting the requirement of the law, it does nothing to pinpoint the actual 2,4-D formulation used. (Note: be sure to record the EPA Reg. No. not the EPA Est. No.)
- the square footage of an ornamental property. Many commercial applicators will record the square footage of the entire property instead of just the portion treated (see Version 4).

When must the records be completed and how long must they be kept?

Records are to be completed the day of the application and kept for seven years.

Are applicators required to use a WSDA form when keeping records?

No. Records may be kept in any format as long as the required information is included. WSDA may require that records be submitted on one of the prescribed forms.

PESTICIDE APPLICATION RECORD (Version 1)

[Landscape Example]

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. RCW 17.21)

1. Date of Application - Year: **2000** Month: **October** Day: **24** Time: **10:30 am - 1:00 pm**
2. Name of Person for whom the pesticide was applied:
Firm Name (if applicable): **Anytown Parks Dept.**
Street Address: **210 Municipal Bldg.** City: **Anytown** State: **WA** Zip: **98000**
3. Licensed Applicator's Name (if different from #2 above): **Maryann Jackson** License No. **99999**
Firm Name (if applicable): **Same as #2** Tel. No. **(555) 999-0000**
Street Address: City: State: Zip:
4. Name of person(s) who applied the pesticide (if different from #3 above):
License No(s). if applicable:
5. Application Crop or Site: **Roses**
6. Total Area Treated (acre, sq. ft., etc.): **2,500 Sq. Ft.**
7. Was this application made as a result of a WSDA Permit? ☒ No ☐ Yes (if yes, give Permit No.) #
8. Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied
Funginex	239-2435	5 Fl. Oz.	2 Oz. /1000 Ft²	.5 Oz / Gal
			/	
			/	
			/	

9. Address **or exact location** of application. NOTE: if the application is made to one acre or more
of agricultural land, the field location must be shown on the map on page two of this form.

Imaginary Park
7777 Dead End Lane
Anytown

10. Wind direction and estimated velocity during the application: **2 - 5 MPH from South**
11. Temperature during the application: **45 - 50 degrees**
12. Apparatus license plate number (if applicable):
13. ☐ Air ☒ Ground ☐ Chemigation
14. Miscellaneous Information:

For control of Powdery Mildew

PESTICIDE APPLICATION RECORD (Version 1) [Agricultural Example]

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. RCW 17.21)

1. Date of Application - Year: **2000** Month: **August** Day: **24** Time: **6:00 am - 1:00 pm**
2. Name of Person for whom the pesticide was applied: **Walt Bemis**
Firm Name (if applicable): **Bemis Orchard**
Street Address: **Rt. 10 Box 6** City: **Anytown** State: **WA** Zip: **98000**
3. Licensed Applicator's Name (if different from #2 above): **Jack Martin** License No. **91212**
Firm Name (if applicable): Tel. No. **(555) 999-0000**
Street Address: **1256 Redbud Ave.** City: **Anytown** State: **WA** Zip: **98000**
4. Name of person(s) who applied the pesticide (if different from #3 above):
License No(s). if applicable:
5. Application Crop or Site: **Pears**
6. Total Area Treated (acre, sq. ft., etc.): **37 acres**
7. Was this application made as a result of a WSDA Permit? ☒ No ☐ Yes (if yes, give Permit No.) #
8. Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	
Carzol SP	264-635	46.25 lb	1.25 lb / acre	2.5lb / 100 gal
SLN No. WA 000028			/	
Adjust Buffering Agent	adjuvant	7 gal	/	1 qt. / 100 gal
			/	

9. Address **or exact location** of application. NOTE: if the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.

Bemis Orchard
See map on page 7

10. Wind direction and estimated velocity during the application: **2 - 5 MPH from South**
11. Temperature during the application: **63 - 76 degrees**
12. Apparatus license plate number (if applicable):
13. ☐ Air ☒ Ground ☐ Chemigation
14. Miscellaneous Information:

Treatment for Pear Rust Mites

PESTICIDE APPLICATION RECORD (Version 2)
NOTE: Application information must be completed same day as the application and must be retained for seven years (Ref. RCW 17.21)

1. Name & Address of Person for Whom Pesticide was Applied: Joe Greco 1276 W. Harvest Rd. Anytown, WA 98000				2. Applicator Name and Address (if different from (1)): See #12 for specifics Tel. No. (555) 999-1001 Lic. No. 99898				
3. Address or exact location of application (NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form) See Map on page 7				4. Misc. Info:				
5. Date and Time of Application	6. Crop or Site Treated	7. Acres Treated (or other measure)	8. PRODUCT NAME	9. EPA Registration Number	10. Amount of Product Applied		11. Concentration	12. Weather Conditions, Apparatus/License Plate No. and Name and License No. of person(s) who applied pesticide
	<input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Chemigation				Rate per acre (or other measure)	Total Product Applied		
3-15-00 8:00 AM 3:00 PM	Apples	15 Acres	Superior Oil	2935 - 405	4 GPA	60 gal	1 g/100 g	48° - 54° Wind SW 1-3 Eugene Stafford Lic. # 99718
5-15-00 8:00 AM 2:00 PM	Apples	15 Acres	Fruitone N Sevin XLR Plus Regulaid	264-141 AA 264-333 adjuvant	5 lb / Ac 1.5 qt/Ac 1 pt/Ac	7.5 lb 22.5qt 15 pt	.25 lb/100g .75 qt/100g .5 pt/100g	59° - 76° Wind W 2-5 Shelly Stetler Lic. # 99698
6-12-00 6:00 AM 11:00 AM	Apples	15 Acres	 Cyprex 65W Thiodan 50WP	 241-51 279-1380	 2 lb / Ac 4 lb/Ac	 30 lb 60 lb	 .5 lb/100g 1 lb/100g	Morning 59° - 76° Wind Calm Evening 80° - 68° Wind S 3-5 Ramiro Herrera Lic. # 99598
7-01-00 5:00 AM 11:30 AM	Apples	15 Acres	Carzol SP WA SLN No. WA-000028	264-635	1.25 lb/Ac	18.75 lb	.33 lb/100g	58° - 79° Wind Calm Eugene Stafford Lic. # 99718

PESTICIDE APPLICATION RECORD (Version 3)

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. RCW 17.21)

- Date of Application - Year: 2000 Month: October Day(s): 22, 23, 24
- Name of Person for whom the pesticide was applied: Duane Smithson
Firm Name (if applicable): Smithson Brothers Farms, Inc.
Street Address: 9276 SE Cushing Rd. City: Anytown State: WA Zip: 98000
- Licensed Applicator's Name (if different from #2 above): Leslie Hansen License No. 99909
Firm Name (if applicable): Chemigation Specialists Tel. No. (509) 555-9988
Street Address: 1564 SE Dusty Rd. City: Anytown State: WA Zip: 98000
- ☐ Air ☐ Ground ☒ Chemigation
- Application Crop or Site: Potato - Field Prep.
- Total Area Treated (acre, sq. ft., etc.): 146 Acres
- Was this application made as a result of a WSDA Permit? ☒ No ☐ Yes (if yes, give Permit No.) #
- Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied
Vapam	476-859	10,950 gal	75 gal / Ac	Undiluted
Used SLN Label	WA 790056		/	injection
			/	
			/	
			/	

- Address **or exact location** of application. NOTE: if the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.

Circle G - See Map on page 4

10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time Start	14. Time Stop	15. Acres Completed	16. Wind Dir.	16. Wind Vel.	17. Temp
10-22-00	Jim Slater	99910	NA	1:00p	10:30p	28.5	SW	5-9	65°- 49°
10-23-00	Cheri Miller	99911	NA	2:00a	9:00a	27	SE	2-5	43°- 51°
10-23-00	Leslie Hansen	99909	NA	9:30a	6:00p	25.5	SW	3-7	52°- 64°
10-23-00	Hernan Gomez	99912	NA	7:00p	11:30p	13.5	SW	2-5	58°- 49°
10-24-00	Hernan Gomez	99912	NA	12:30a	6:30a	18	S-SW	3-7	47°- 42°
10-24-00	Jim Slater	99910	NA	6:30a	1:00p	19.5	S	1-10	42°- 56°
10-24-00	Stopped at 1:00 p due to Wind (J.S.)								
10-24-00	Jim Slater	99910	NA	5:00p	10:00p	14	SE	1-4	59°- 51°
			TOTAL			146 Acres			

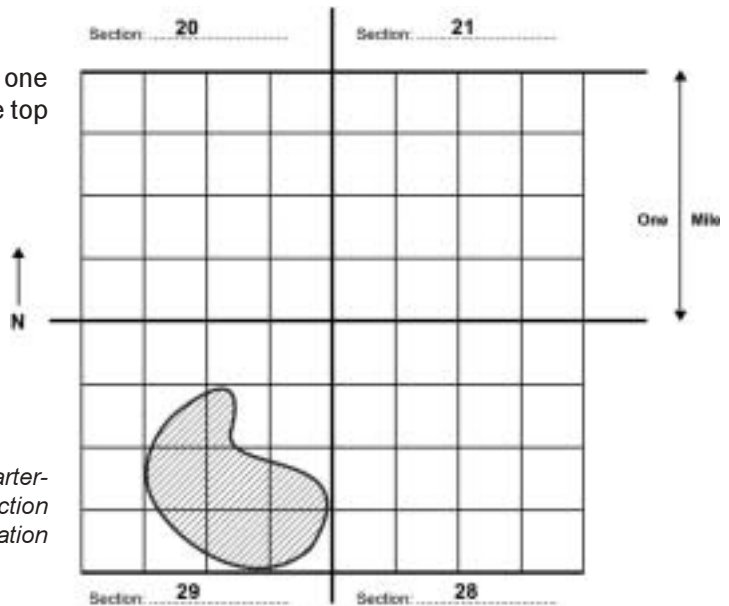
MAP EXAMPLE FOR VERSION 1:

Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only:

Township: **10** N
 Range: E OR W (please indicate) **18 E**
 Section(s): **29**
 County: **ANY COUNTY**

PLEASE NOTE:

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



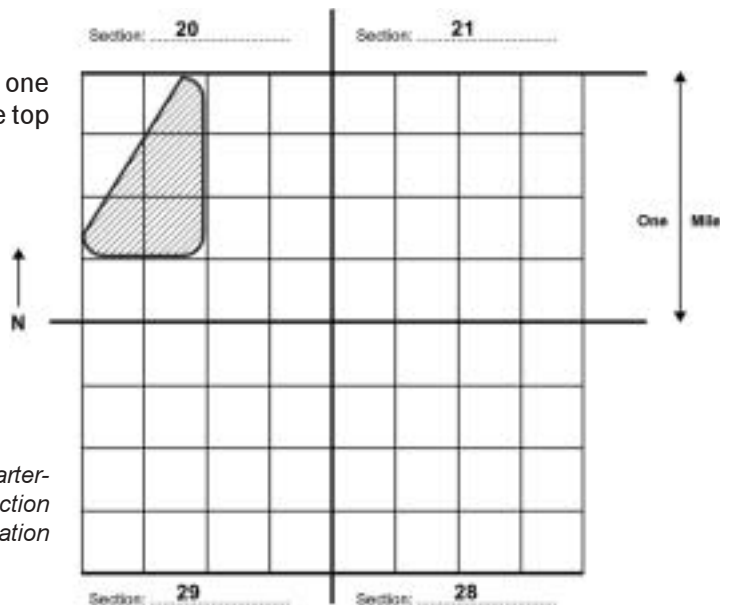
MAP EXAMPLE FOR VERSION 2:

Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only:

Township: **10** N
 Range: E OR W (please indicate) **16**
 Section(s): **20**
 County: **YAKIMA**

PLEASE NOTE:

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



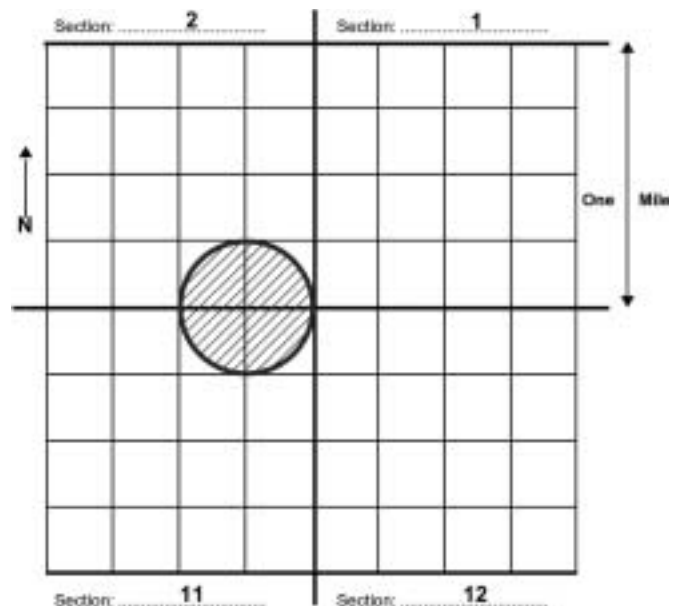
MAP EXAMPLE FOR VERSION 3:

Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only:

Township: **17** N
 Range: E OR W (please indicate) **29 E**
 Section(s): **2, 11**
 County: **GRANT**

PLEASE NOTE:

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



PESTICIDE APPLICATION RECORD (Version 4)

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. RCW 17.21)

- A. Date of Application - Year: 2000 Month: June Day: 12
- B. Firm Name: The Yard Experts Telephone No. (555) 123-4567
Commercial Applicator's Name: Cindy Roget License No. 99926
Street Address: 5327 E. Franklin City: Anytown State: Wa Zip: 98000
- C. Name of person(s) who applied the pesticide: Eric Minter
License No(s): 99923
- D. Pesticide Information (please list all information for each pesticide in the tank mix):

Product Name	EPA Reg. No.	Concentration
		Amount - (Lbs., Qts., etc.) of brand per 100 gallons of tank mix. Amount and unit must be specified.
Tank 1 (T-1) Confront	62719-92	2 pt. / 100 gal.
Tank 2 (T-2) Scimitar WP	10182-300	4.8 oz. / 100 gal.
Ziram 87.3 WP	10163-90	1.5 lb / 100 gal.

- E. Application crop or site: (T-1) Lawn (T-2) Ornamental F. Apparatus License Plate No. 9728
- G. Record the following information for the specific conditions during each application:

	CUSTOMER		AMOUNT APPLIED (gals. of mix)	AREA TREATED (sq. ft., etc.)	TIME	TEMP F°	WIND	
	a) full name	b) location of application - street address					DIR	VEL (mph)
1. a)	Kurt Tyler		T-1 5g	5,000 ft ²	7:30a	57	SW	2-5
b)	5926 E. United,	Anytown	T-2 2g	Orn.	7:45a			
2. a)	Sally Webb		T-1 3g	3,000 ft ²	7:55a	57	SW	2-5
b)	15296 S. Cornell,	Anytown			8:10a			
3. a)	Bill Gordon		T-2 5g	Orn.	8:15a	58	Calm	
b)	15137 S. Cornell,	Anytown			8:35a			
4. a)	Fred Clover		T-1 4.5g	4,500 ft ²	8:40a	60	W	3
b)	5731 E. Yarrow,	Anytown	T-2 2g	Orn.	8:55a			
5. a)	Jenson School		T-1 108g	2.5 Ac	9:00a	61	S	2-5
b)	17436 S. Barker,	Anytown			10:15a			
6. a)	Rolling Acres Apartments		T-2 15g	Orn.	10:30a	64	SW	2-5
b)	5854 E. Henbit,	Anytown			11:35a			
7. a)	Jenny Williams		T-1 2g	2,000 ft ²	11:40a	69	SW	2-5
b)	2219 N. Bulger,	Anytown	T-2 3 g	Orn.	12:10p			
8. a)	Jackson Estates		T-1 130g	3 Ac	1:05p	74	W	2-5
b)	1813 W Princeton,	Anytown	T-2 35g	Orn.	4:00p	78		

Total Mix Used: T-1 252.5 Gal. T-2 63 Gal.

DAILY PESTICIDE APPLICATION RECORD (Version 5)

For Commercial Pest Control Operators Only

NOTE: This form must be completed same day as the application and retained for seven years (Ref. RCW 17.21)

A. FIRM NAME AND ADDRESS: Brittan Pest Control

N 1516 Missouri Ave Anytown WA 98000

B. APPLICATOR NAME: Douglas Brittan

C. PERSON MAKING APPLICATION: Mary Stern

D. DATE: May 15, 2000

TELEPHONE NUMBER: (555) 111-9999

LICENSE NO. 97989

LICENSE NO. 97998

E. APPARATUS LICENSE NO. (application # 4 only) 9827

CUSTOMER (a) FULL NAME (b) LOCATION OF APPLICATION (c) TARGET PEST		(a) EPA REG. NO./PRODUCT NAME(S) (b) CONCENTRATION (c) TOTAL AMOUNT USED	(a) TIME (IN/OUT) (b) TEMP. (c) WIND DIR / VELOCITY	APPLICATION SITE (C&C, SPOT, VOID, INJECTIONS, ETC.)	PESTICIDE APPLIED/ACRE OR OTHER MEASURE
1. a) Gabriel Manix		499-182 Whitmire PT 565	9-9:30a	C&C	N / A
b) S. 5150 Jackson Ave, Anytown		0.5% Aerosol		Kitchen, Root Cellar	/
c) Cockroaches		Approx. 2 oz. of aerosol			/
2. a) Jack West - Mansfield Apts.		3125-372 Tempo 2	10 - 12	Units 1 - 4	0.25 oz./1000 ft ²
b) 726 Benson St, Anytown		0.1% Spray Mix	69°	Foundation, Ext. Wall Voids	/
c) Carpenter Ants		2 Ounce Tempo	SW 7	Interior Spot, Crawlspace	/
3. a) Sally Renfro		3125-372 Tempo 2	1-2p	Living Room, Rec. Room	0.25 oz/1000 ft ²
b) 1213 E. Manley, Anytown		0.1% Spray Mix		Basement, Bedroom Carpets	/
c) Fleas		1 Ounce Tempo			/
3. a) Henreitta Alderson		10182-107 Demon TC	2:30-	Foundation & Pier Blocks	4 gal/em.
b) 1824 Bates St, Anytown		0.5% Emulsion	4:45p	1.5 foot deep trench covered	per /
c) Subterranean Termites		840 gal emulsion (16.8 gal Demon TC)		with untreated soil	10 linear ft
4. a)					/
b)					/
c)					/
5. a)					/
b)					/
c)					/
6. a)					/
b)					/
c)					/

DESCRIPTION OF RECORDKEEPING FORMS

VERSION 1

This form was designed primarily as a generic form for all uses, but it is best suited to a one-time application to a field or landscape. If you apply to a different field, use a different pesticide, or the person applying the pesticide changes, you will have to use another form.

VERSION 2

This form was designed by an orchardist, but works well for any crop. The easiest way to use it is to dedicate one form to each field. As pesticide applications are made to this field throughout the growing season, just complete another row. If you need room for more than four separate applications, you may duplicate the lower portion (beginning at section 5) and attach it to the form that has sections 1-4 completed. At the end of the growing season, you have a complete record of what was applied to that specific field. One form cannot be used for multiple crops.

VERSION 3

This form was designed by a commercial applicator to record chemigation applications. It can be used to record any application, air or ground, that continues on another day or to record repeat applications to the same site with the same pesticide mix. You must use a new form each time you change pesticides.

VERSION 4

This form was designed specifically for commercial and public ornamental applications to multiple locations. It allows the applicator to record applications of the same mixture to multiple sites and customers that occur on the same day. If you need room for more than nine separate applications, you are allowed to duplicate the lower portion (section G.), continue the numbering sequence with 10, 11, etc. and attach it to the original form.

Several items are recorded differently on this form than on other versions. Other versions require you to specify how much of a pesticide product is applied to each site. With version 4, you simply record the amount of product per 100 gallons of tank mix and record how many gallons of this mix were applied to each site.

When you apply to a measurable area such as a lawn, record the size of the area treated. When you apply to a non-measurable area such as trees and shrubs, simply write trees and shrubs (T & S) in the space for recording the area.

This form is convenient for applicators that have two separate tanks on their trucks. List the two separate mixes in section D, code them as tank 1 and tank 2, and indicate in Section G how much of each mix was used at each location.

VERSION 5

This form was designed for a commercial pesticide applicator or operator servicing numerous accounts during the workday. All necessary recordkeeping elements, including target pest, can be easily recorded on this form. Records of wind speed, wind direction, and temperature at the time of application are not required for applications of baits in bait stations and pesticide applications within structures.

MAPPING

If the application is made to more than one acre of agricultural land, a field map must be completed. Mapping is not required for non-agricultural applications since a street address is usually more specific.

For farms, one common method is to map out the entire farm on one map at the beginning of the growing season

and give each field or farming unit a code such as a name or number (see page 11). This map is then kept on file for reference and each application record lists the field code in the section that asks for exact location. This will fulfill the mapping requirements rather than having to complete a new map for each application. An alternate field map is available from WSDA if your farm is too large to fit on the standard prescribed form's map. The standard map covers four square miles while the alternate map expands the coverage to 16 square miles.

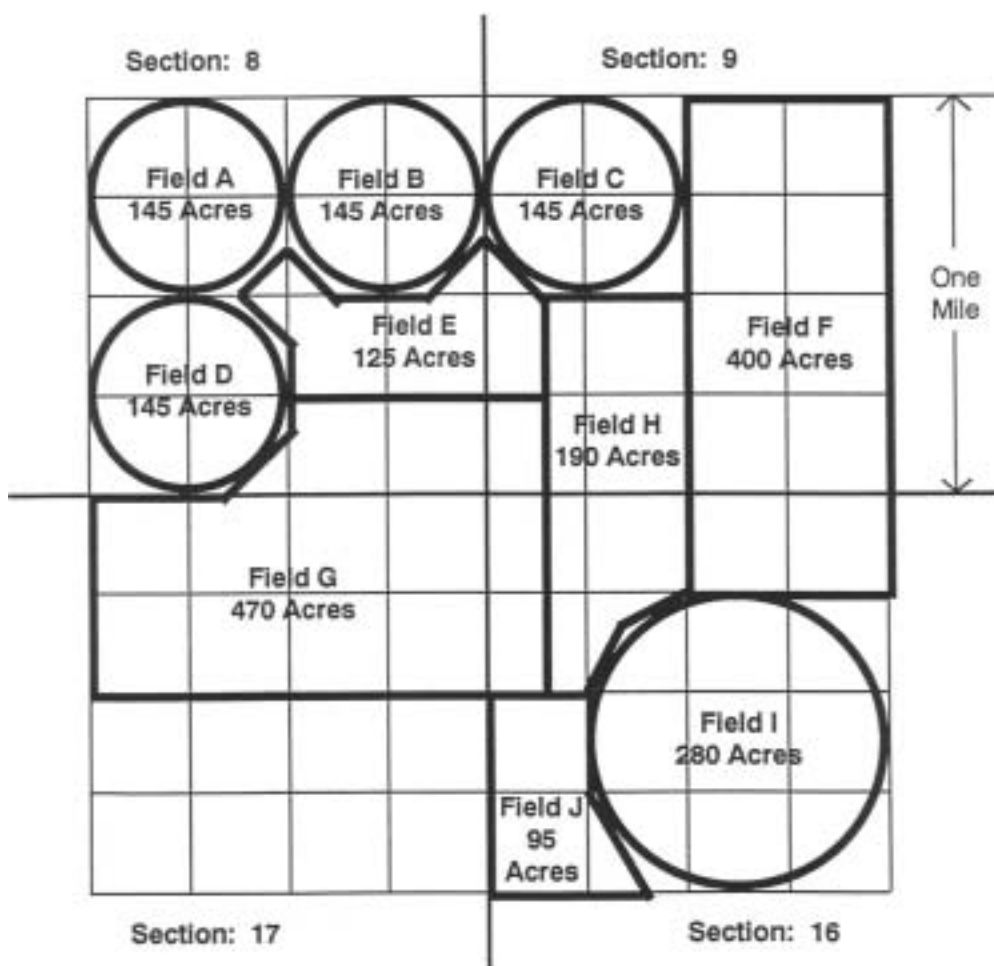
A copy of this map can also be given to a commercial applicator to eliminate confusion about which field is to be treated. In addition, their recordkeeping will be simplified as they can attach your map to their record rather than creating a new one.

The following is an example of a farm map that locates all fields to which application records refer. A new map does not need to be created until the field layout changes. Application records simply refer to a field.

Field Map: Jane Doe Farms

Township: 10 N
Range: 15E
Sections: 8, 9, 16, 17
County: Farmland

Note: Each square equals 40 acres



*On the following pages,
we have provided blank forms for your use.*

You may copy the forms.

*One map for recordkeeping form
Versions 1, 2, and 3 can be found on page 19.*

PESTICIDE APPLICATION RECORD (Version 1)

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. RCW 17.21)

1. Date of Application - Year: Month: Day: Time:
2. Name of Person for whom the pesticide was applied:
Firm Name (if applicable):
Street Address: City: State: Zip:
3. Licensed Applicator's Name (if different from #2 above): License No.
Firm Name (if applicable): Tel. No.
Street Address: City: State: Zip:
4. Name of person(s) who applied the pesticide (if different from #3 above):
..... License No(s). if applicable:
5. Application Crop or Site:
6. Total Area Treated (acre, sq. ft., etc.):
7. Was this application made as a result of a WSDA Permit? ☐ No ☐ Yes (if yes, give Permit No.) #
8. Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied
			/	
			/	
			/	
			/	

9. Address **or exact location** of application. NOTE: if the application is made to one acre or more
of agricultural land, the field location must be shown on the map on page two of this form.

10. Wind direction and estimated velocity during the application:
11. Temperature during the application:
12. Apparatus license plate number (if applicable):
13. ☐ Air ☐ Ground ☐ Chemigation
14. Miscellaneous Information:

INSTRUCTIONS

Pesticide Application Record (Version 1) AGR 4226 (Rev. 4/99)

1. Date may be spelled out or indicated numerically. Time may be indicated as start and stop times.
2. Please include first and last name.
3. If the person's name is the same as No. 2, please write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
4. Please include first and last name(s).
5. Indicate type of land or site treated, not location. Examples: wheat, apples, rights-of-way, lawn, trees and shrubs, crawl space, wall voids, etc.
6. May also be stated in terms such as linear feet, cubic feet, etc. (Please specify the term to which the number refers.)
7. If the application was made under permit, but no permit number was issued, please indicate the date the permit was issued.
8.
 - a) Brand name found on the pesticide label.
 - b) This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, please list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, etc.) please write "adjuvant" in this space.
 - c) Indicate the amount of pesticide formulation (product) applied to the total area listed on line 6.
 - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft., etc.
 - e) This may be listed in various ways, such as: amount of formulation/100 gallons water, percent formulation in the tank mix (i.e. 1%), amount of tank mix/acre (or other measure). Please specify the term to which the number refers.
9. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights-of-way.
10. Indicate the direction from which the wind is blowing. If the wind varies in direction and velocity during the application, please indicate the range of variance (i.e. S-SW 3-7 mph).
11. Please indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during application.)
12. This does not apply to private applicators or public agencies.
13. Please check one.
14. This space is available for any additional information you may wish to include.

PESTICIDE APPLICATION RECORD (Version 2)

NOTE: Application information must be completed same day as the application and must be retained for seven years (Ref. RCW 17.21)

1. Name & Address of Person for Whom Pesticide was Applied:				2. Applicator Name and Address (if different from (1)): Tel. No. Lic. No.				
3. Address or exact location of application (NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form)				4. Misc. Info:				
5. Date and Time of Application	6. Crop or Site Treated	7. Acres Treated (or other measure)	8. PRODUCT NAME	9. EPA Registration Number	10. Amount of Product Applied		11. Concentration	12. Weather Conditions, Apparatus of person(s) who applied pesticide
	<input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Chemigation				Rate per acre (or other measure)	Total Product Applied		
	<input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Chemigation							
	<input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Chemigation							
	<input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Chemigation							

INSTRUCTIONS

Pesticide Application Record (Version 2) AGR 4235 (Rev. 4/99)

1. Please include first and last name.
2. If the person's name is the same as No. 2, please write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
3. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights-of-way.
4. This space is available for any additional information you may wish to include.
5. Date may be spelled out or indicated numerically. Time may be indicated as start and stop times.
6. Indicate type of land or site treated, not location. Examples: wheat, apples, rights-of-way, lawn, trees and shrubs, crawl space, wall voids, etc.
7. May also be stated in terms such as linear feet, cubic feet, etc. (Please specify the term to which the number refers.)
8. Brand name found on the pesticide label.
9. This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, please list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, etc.) please write "adjuvant" in this space.
10. Rate per acre: other measures may include amount/sq. ft., amount/linear ft., etc. Please specify the term to which the number refers.
11. This may be listed in various ways, such as: amount of formulation/100 gallons water, percent formulation in the tank mix (i.e. 1%), amount of tank mix/acre (or other measure). Please specify the term to which the number refers.
12. Weather conditions must include the direction from which the wind is blowing and the velocity. If the wind varies in direction and velocity during the application, please indicate the range of variance (i.e. S-SW 3-7 mph). Temperature must also be indicated in degrees Fahrenheit and may be listed as the range encountered during the application.

The apparatus license plate number does not apply to private applicators or public agencies.

Please include first and last name(s) of person(s) who applied the pesticide. Include license number(s) if applicable.

PESTICIDE APPLICATION RECORD (Version 3)

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. RCW 17.21)

1. Date of Application - Year: Month: Day(s):
2. Name of Person for whom the pesticide was applied:
Firm Name (if applicable):
Street Address: City: State: Zip:
3. Licensed Applicator's Name (if different from #2 above): License No.
Firm Name (if applicable): Tel. No.
Street Address: City: State: Zip:
4. ☐ Air ☐ Ground ☐ Chemigation
5. Application Crop or Site:
6. Total Area Treated (acre, sq. ft., etc.):
7. Was this application made as a result of a WSDA Permit? ☐ No ☐ Yes (if yes, give Permit No.) #
8. Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied
			/	
			/	
			/	
			/	
			/	

9. Address **or exact location** of application. NOTE: if the application is made to one acre or more
of agricultural land, the field location must be shown on the map on page two of this form.

10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time Start	14. Time Stop	15. Acres Completed	16. Wind Dir.	16. Wind Vel.	17. Temp

INSTRUCTIONS

Pesticide Application Record (Version 3) AGR 4236 (Rev. 4/99)

1. Date may be spelled out or indicated numerically. Time may be indicated as start and stop times.
2. Please include first and last name.
3. If the person's name is the same as No. 2, please write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
4. Please check one.
5. Indicate type of land or site treated, not location. Examples: wheat, apples, rights-of-way, lawn, trees and shrubs, crawl space, wall voids, etc.
6. May also be stated in terms such as linear feet, cubic feet, etc. (Please specify the term to which the number refers.)
7. If the application was made under permit, but no permit number was issued, please indicate the date the permit was issued.
8.
 - a) Brand name found on the pesticide label.
 - b) This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, please list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, etc.) please write "adjuvant" in this space.
 - c) Indicate the amount of pesticide formulation (product) applied to the total area listed on line 6.
 - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft., etc.
 - e) This may be listed in various ways, such as: amount of formulation/100 gallons water, percent formulation in the tank mix (i.e. 1%), amount of tank mix/acre (or other measure). Please specify the term to which the number refers.
9. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights-of-way.
10. List the day of application
11. Please indicate first and last name(s).
12. List license number(s) if applicable.
13. This does not apply to private applicators or public agencies.
14. Indicate a.m. or p.m.
15. The total of all entries in this column should equal the total listed on line 6.
16. Indicate the direction from which the wind is blowing. If the wind varies in direction and velocity during the application, please indicate the range of variance (i.e. S-SW 3-7 mph).
17. Please indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during the application.)

Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only:

Township: N

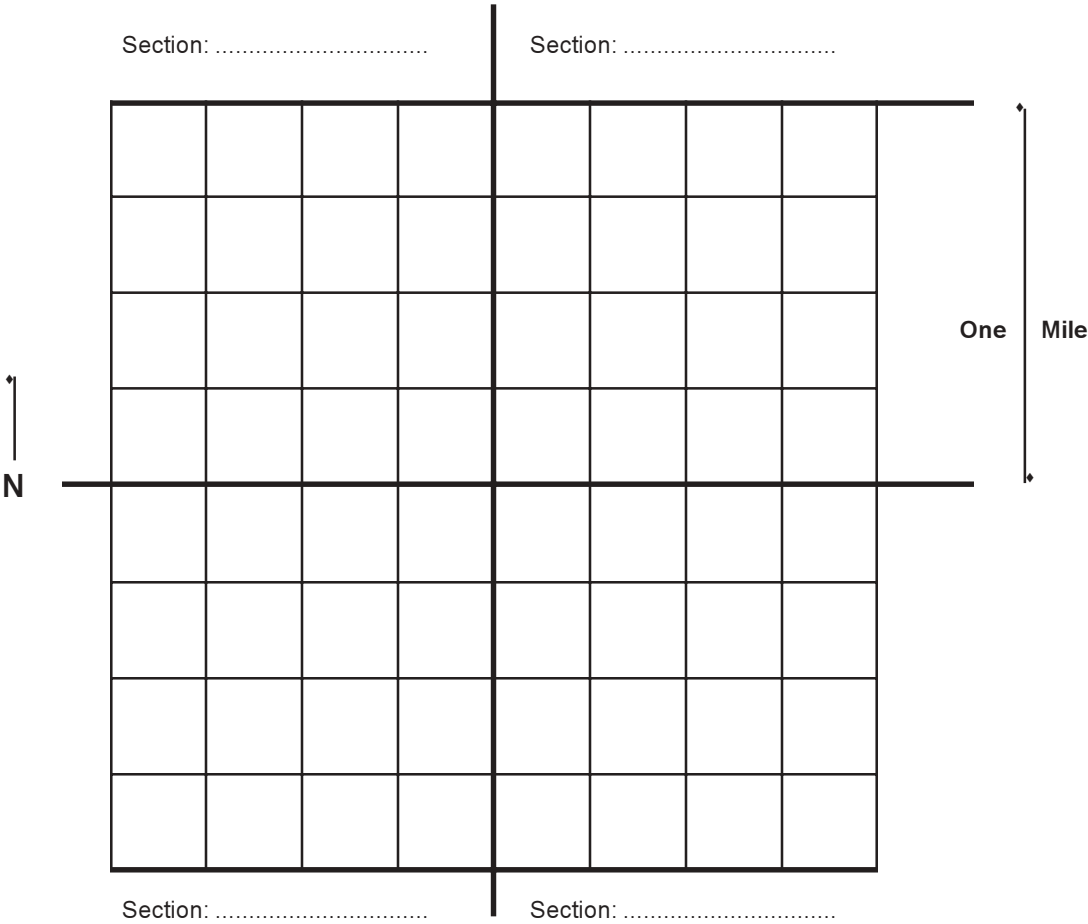
Range: E OR W (please indicate)

Section(s):

County:

PLEASE NOTE:

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



Miscellaneous Information:

PESTICIDE APPLICATION RECORD (Version 4)

NOTE: This form must be completed same day as the application
and it must be retained for 7 years (Ref. RCW 17.21)

- A. Date of Application - Year: Month: Day:
- B. Firm Name: Telephone No.
- Commercial Applicator's Name: License No.
- Street Address: City: State: Zip:
- C. Name of person(s) who applied the pesticide:
- License No(s):
- D. Pesticide Information (please list all information for each pesticide in the tank mix):

Product Name	EPA Reg. No.	Concentration
		Amount - (Lbs., Qts., etc.) of brand per 100 gallons of tank mix. Amount and unit must be specified.

- E. Application crop or site: F. Apparatus License Plate No.
- G. Record the following information for the specific conditions during each application:

	CUSTOMER		AMOUNT APPLIED (gals. of mix)	AREA TREATED (sq. ft., etc.)	TIME	TEMP F°	WIND	
	a) full name	(b) location of application - street address					DIR	VEL (mph)
1. a)								
b)								
2. a)								
b)								
3. a)								
b)								
4. a)								
b)								
5. a)								
b)								
6. a)								
b)								
7. a)								
b)								
8. a)								
b)								
9. a)								
b)								

INSTRUCTIONS

Pesticide Application Record (Version 4) AGR 4234 (Rev. 4/99)

This form may only be used for Commercial Residential Ornamental and Lawn applications. It may not be used to satisfy the application record requirements for agricultural employers.

- A. Date may be spelled out or indicated numerically.
- B. Please include first and last name of the commercial applicator.
- C. Please include first and last name(s).
- D. Product name: brand name found on the pesticide label.
- E. Indicate type of land treated, not location. Examples: rights-of-way, lawn, trees and shrubs, driveways, etc.
- F. List the number of the license plate affixed to the apparatus.
- G. Customer's name and application information should be listed on line a. Street address should be listed on line b. Additional pages may be added for additional customers on the same day, so long as the information in A-F remains the same.

DAILY PESTICIDE APPLICATION RECORD (Version 5)

For Commercial Pest Control Operators Only

NOTE: This form must be completed same day as the application and retained for seven years (Ref. RCW 17.21)

A. FIRM NAME AND ADDRESS:

B. APPLICATOR NAME:

C. PERSON MAKING APPLICATION:

D. DATE:

TELEPHONE NUMBER:

LICENSE NO.

LICENSE NO.

E. APPARATUS LICENSE NO.

CUSTOMER		(a) EPA REG. NO./PRODUCT NAME(S)	(a) TIME (IN/OUT)	APPLICATION SITE		PESTICIDE
(a) FULL NAME	(b) LOCATION OF APPLICATION	(b) CONCENTRATION	(b) TEMP.	(c&c, SPOT, VOID, INJECTIONS, ETC.)		APPLIED/ACRE OR
(c) TARGET PEST	(c) TOTAL AMOUNT USED	(c) WIND DIR / VELOCITY				OTHER MEASURE

1. a) _____ / _____

b) _____ / _____

c) _____ / _____

2. a) _____ / _____

b) _____ / _____

c) _____ / _____

3. a) _____ / _____

b) _____ / _____

c) _____ / _____

4. a) _____ / _____

b) _____ / _____

c) _____ / _____

5. a) _____ / _____

b) _____ / _____

c) _____ / _____

6. a) _____ / _____

b) _____ / _____

c) _____ / _____

7. a) _____ / _____

b) _____ / _____

c) _____ / _____

